

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

October 7, 2002

Re: IRO Case # M2-02-1057

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Orthopedic Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

It appears that the patient, a 45-year-old female, was injured when she was lifting some heavy boxes of x-ray files. At the time of injury, she felt pain at the top of her shoulder which radiated distally, and since that time she has had variable dysesthesias which do not necessarily follow any specific anatomic nerve distribution. MRI scan and EMG/NVS have been fairly unremarkable. She appears to have had extensive non-operative management including anti-inflammatory medications as well as at least one AC joint injection. The AC injection appears to have improved her for about two weeks. There is some indication that the patient has the possibility of some pain magnification and submaximal effort.

Requested Service

Left shoulder acromioplasty / AC arthroplasty

Decision

I disagree with the carrier's decision to deny the requested procedure.

Rationale

The patient has undergone extensive non-operative management and continues to have pain which appears to be foremost localized to the AC joint and possibly related to the subacromial impingement, as well. Often with a significant AC joint arthropathy there is notable osteophyte formation inferior to the AC joint. This was not specifically commented on in the MRI report. However, the MRI scan stated there were "mild degenerative changes, but there is no suggestion of inferior soft tissue projection and no evidence of supraspinatus muscle encroachment or deformity."

This being said, the patient certainly has failed all other forms of treatment to date. It would not be unreasonable to perform a diagnostic arthroscopy and plan on performing subacromial decompression. It seems that the majority of her symptoms are likely related to the AC joint. The most promising facts from the record reviewed were that the patient did respond for a period of about two weeks to the AC joint injection.

Because of the pain magnification behavior and the inability of the patient to return to any type of work, one could suspect that the outcome from the surgery is not going to be perfect. However, all other treatments to date have been exhausted, and it does appear medically reasonable and necessary to perform the surgery.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:
Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669,
Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,
